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United States  
Department of  
Agriculture

Animal and  
Plant Health  
Inspection  
Service

Policy and Program  
Development

Environmental  
Services, Unit 149  
4700 River Road  
Riverdale, MD  
20737

ENQL 7-1 CY09  
PERMANENT  
Retire 04/14

April 23, 2009

Document Processing Desk [6(a)(2)]  
Office of Pesticide Programs (7504P)  
U.S. Environmental Protection Agency  
Ariel Rios Building  
1200 Pennsylvania Avenue, N.W.  
Washington, DC 20460-0001

ATTN: Norman Spurling (7502P)

SUBJECT: **FIFRA, Section 6(a)(2) report: single adverse effect  
incident dated February 6, 2009 for the reporting  
period ending April 30, 2009**

The Animal and Plant Health Inspection Service (APHIS) is submitting an adverse effects incident report in an effort to comply with the reporting requirements of section 6(a)(2) of the Federal Insecticide, Fungicide and Rodenticide Act. This report is for the following pesticide product for the reporting period ending April 30, 2009:

EPA Reg. No. 56228-15  
Active Ingredient:  
Sodium Cyanide

M-44 Cyanide Capsules  
CAS No. 143-33-9

Incident Category  
W-B

No. of Incidents  
1

A Common Raven (*Corvus corax*) was killed after activating an M-44 device set in range/pasture land for managing coyote predation on livestock (see enclosure). Please direct any questions pertaining to this adverse incident report to Ann Nasr at (301) 734-5170 or e-mail [ann.m.nasr@aphis.usda.gov](mailto:ann.m.nasr@aphis.usda.gov).

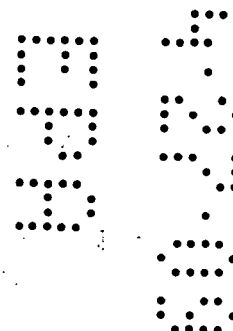
Sincerely,

Kenneth R. Seeley  
Chief, Environmental Services  
Policy and Program Development

Enclosure



Safeguarding American Agriculture  
APHIS is an agency of USDA's Marketing and Regulatory Programs  
An Equal Opportunity Provider and Employer



U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
WILDLIFE SERVICES

## 6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

|  |   |  |   |                              |
|--|---|--|---|------------------------------|
| INCIDENT CODE<br><br>WB  | INCIDENT STATUS                                 |  | DATE WS BECAME AWARE<br>OF THE INCIDENT<br><br>02/06/2009   | ES USE ONLY<br>REPORT NUMBER |
|  | Date<br><input checked="" type="checkbox"/> New | Date of last submission<br><input type="checkbox"/> Update |   |                              |
| EMPLOYEE NAME (To contact for additional information)<br>Scott Evens |   | TELEPHONE NUMBER<br>701-728-6623                           | CONTACT NAME (If Non-APHIS )<br><br>TELEPHONE NUMBER  |                              |
| DUTY STATION ADDRESS<br>930 59th Street North<br>Granville, ND 58741 |   |  | ADDRESS   |                              |
| INCIDENT LOCATION  |   |  | SOURCE OF INFORMATION   |                              |
| CITY   | STATE<br>ND                                     | COUNTY<br>McHenry  | <input checked="" type="checkbox"/> Self <input type="checkbox"/> Telephone Call <input type="checkbox"/> Letter<br><input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input checked="" type="checkbox"/> Other _____ |                              |

EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)

Other

INCIDENT SITE (examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway))

Rangeland/Pasture

SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: (examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation)

M-44 devices activated by non-target species - Raven, Common

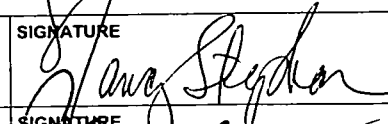

|  |   |   |   |
|--|---|---|---|
| EPA REGISTRATION NUMBER<br>56228-32  | PRODUCT NAME<br>M-44                        | ACTIVE INGREDIENT<br>Sodium Cyanide   |   |
| WAS THE PRODUCT<br><input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted | WHAT WAS THE DILUTION RATIO (If applicable) | WERE THE LABEL DIRECTIONS FOLLOWED<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | WAS THE APPLICATOR CERTIFIED (If applicable)<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

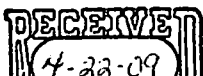
IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)

☐ Yes    ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

M-44 devices had been set as part of integrated predator damage program for livestock protection.

|  |  |                                  |                    |
|--|--|----------------------------------|--------------------|
| NAME OF PREPARER<br>Nancy Stephan      | SIGNATURE<br> | TELEPHONE NUMBER<br>701-250-4405 | DATE<br>04/08/2009 |
| NAME OF SUPERVISOR<br>Phil Mastrangelo | SIGNATURE<br> | TELEPHONE NUMBER<br>701-250-4405 | DATE<br>04/08/2009 |



|  |               |
|--|---------------|
| DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM | ES USE ONLY   |
|  | REPORT NUMBER |

|  |   |                          |
|--|---|--------------------------|
| "X" ONE<br><input type="checkbox"/> Amphibian <input type="checkbox"/> Fish <input checked="" type="checkbox"/> Bird <input type="checkbox"/> Mammal <input type="checkbox"/> Invertebrate <input type="checkbox"/> Reptile <input type="checkbox"/> Plant | "X" ONE<br><input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Wild | NUMBER OR ACRES AFFECTED |
|--|---|--------------------------|

|                                      |                  |
|--------------------------------------|------------------|
| SPECIES COMMON NAME<br>Raven, Common | BREED (If known) |
|--------------------------------------|------------------|

DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

The Raven was killed after activating M-44 device.

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of baiting if applicable)

1 M-44 devices were activated.

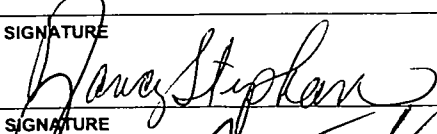

WAS PREBAITING USED ON THE SITE (Describe)

☐ Yes   ☒ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

M-44 devices were set in Range/Pasture land for management of Coyote Predation in Livestock.

ADDITIONAL FACTORS

|  |   |                    |
|--|---|--------------------|
| NAME OF PREPARER<br>Nancy Stephan      | SIGNATURE<br> | DATE<br>04/08/2009 |
| NAME OF SUPERVISOR<br>Phil Mastrangelo | SIGNATURE<br> | DATE<br>04/08/2009 |